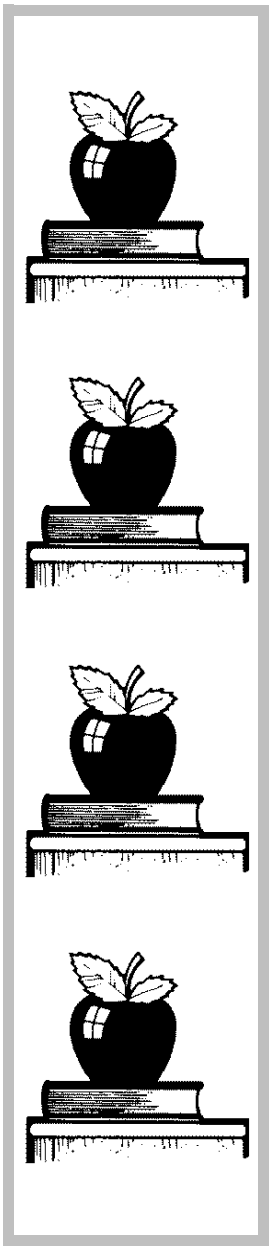

# *General Information for Providers*

## *Medicaid and Other Medical Assistance Programs*

MONTANA
Department of Public Health & Human Services

**September, 2004**

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MONTANA
Department of Public Health & Human Services

# Table of Contents

**Table of Contents** ..... **i.1**

**Key Contacts** ..... **ii.1**

**Introduction** ..... **1.1**
An Overview of the Montana Medicaid Program ..... 1.2
Manual Organization ..... 1.3
Manual Maintenance ..... 1.3
Provider Training and Workshops ..... 1.4
Getting Questions Answered ..... 1.4
Internet Information ..... 1.6
Contract Services ..... 1.6
Other Programs ..... 1.6
Mental Health Services Plan (MHSP) ..... 1.7
Children's Health Insurance Plan (CHIP) ..... 1.7
Chemical Dependency Bureau State Paid Substance Dependency/Abuse Treatment Program ..... 1.7
Children's Special Health Services (CSHS) ..... 1.7

**Provider Requirements** ..... **2.1**
Provider Enrollment ..... 2.1
Enrollment materials ..... 2.1
Medicaid renewal ..... 2.1
Changes in enrollment ..... 2.2
Change of ownership ..... 2.2
Electronic claims submission ..... 2.2
Terminating Medicaid enrollment ..... 2.3
Authorized Signature (ARM 37.85.406) ..... 2.3
Provider Rights ..... 2.3
Administrative Reviews and Fair Hearings (ARM 37.5.310) ..... 2.4
Provider Requirements ..... 2.4
Accepting Medicaid clients (ARM 37.85.406) ..... 2.4
Non-discrimination (ARM 37.85.402) ..... 2.5
Medicaid payment is payment in full (ARM 37.85.406) ..... 2.6
Payment return (ARM 37.85.406) ..... 2.6
Disclosure ..... 2.6
Client services ..... 2.6
Confidentiality (ARM 37.85.414) ..... 2.7
Record keeping (ARM 37.85.414) ..... 2.7
Compliance with applicable laws, regulations, and policies ..... 2.8
Provider Sanctions (ARM 37.85.501 - 507 and 513) ..... 2.8
Other Programs ..... 2.8

Montana Department of Public Health and Human Services

Mental Health Services Plan (MHSP) 2.8
Children's Health Insurance Plan (CHIP) 2.9
Chemical Dependency Bureau State Paid Substance Dependency/Abuse Treatment Program 2.9

**Client Eligibility and Responsibilities 3.1**
Verifying Client Eligibility 3.1
Client without card 3.3
Newborns 3.3
Inmates in Public Institutions (ARM 37.82.1321) 3.3
Presumptive Eligibility for Pregnant Women 3.4
Retroactive Eligibility 3.4
Coverage for the Medically Needy 3.4
Montana Breast and Cervical Cancer Treatment Program 3.5
When Clients Also Have Other Coverage 3.5
Clients with Medicare 3.5
Clients with other sources of coverage 3.7
The Health Insurance Premium Payment Program 3.7
Indian Health Service 3.7
Crime victims 3.7
When Clients are Uninsured 3.7
Client Responsibilities 3.7
Other Programs 3.8
Mental Health Services Plan (MHSP) 3.8
Children's Health Insurance Plan (CHIP) 3.8
Chemical Dependency Bureau State Paid Substance Dependency/Abuse Treatment Program 3.8

**PASSPORT and Prior Authorization 4.1**
What Is PASSPORT To Health, Team Care and Prior Authorization? 4.1
PASSPORT To Health 4.1
Team Care 4.1
Prior authorization 4.2
Verifying PASSPORT Enrollment 4.2
PASSPORT and Emergency Services 4.2
PASSPORT Referral and Approval 4.3
PASSPORT and Indian Health Services 4.3
Non-PASSPORT Provider and a PASSPORT Client 4.3
How to Become a PASSPORT Provider 4.4
PASSPORT Tips 4.4
Getting Questions Answered 4.4

**Surveillance/Utilization Review 5.1**
Surveillance/Utilization Review (42 CFR 456) 5.1
Key Points 5.2
Billing Tips 5.2
Other Programs 5.4

Montana Department of Public Health and Human Services

# Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated "In state" will not work outside Montana.

## Provider Relations

Contact Provider Relations for questions about Medicaid, MHSP, and CHIP eyeglass and dental questions including payments, denials, eligibility, general claims questions, and PASSPORT or Medicaid questions or enrollment:

**(800) 624-3958** In state
**(406) 442-1837** Out of state and Helena
**(406) 442-4402** Fax

Send written inquiries to:

Provider Relations Unit
P.O. Box 4936
Helena, MT 59604

## PASSPORT Client Information

Clients who have general Medicaid questions may call the **Montana Medicaid Help Line** or write to:

**(800) 362-8312** In and out-of-state

PASSPORT To Health
P.O. Box 254
Helena, MT 59624-0254

## PASSPORT Program Officer

PASSPORT providers report errors, omissions, or discrepancies in enrollee utilization and cost reports to:

**(406) 444-4540**

PASSPORT Program Officer
DPHHS
Medicaid Services Bureau
P.O. Box 202951
Helena, MT 59620-2951

## Claims

Send paper claims to:

Claims Processing Unit
P. O. Box 8000
Helena, MT 59604

## Client Eligibility

There are several methods for verifying client eligibility; see *Client Eligibility and Responsibilities*, *Verifying Client Eligibility.*

## Third Party Liability

For questions about private insurance, Medicare, or other third-party liability:

**(800) 624-3958** In state
**(406) 442-1837** Out of state and Helena

Send written inquiries to:

Third Party Liability Unit
P. O. Box 5838
Helena, MT 59604

## Provider's Policy Questions

For policy questions, contact the appropriate division of the Department of Public Health and Human Services; see *Program Policy Information* in the *Introduction* chapter.

## Presumptive Eligibility

To verify Presumptive Eligibility call:

**(800) 932-4453**

To become a provider who can determine presumptive eligibility contact:

**(406) 444-4540**

Send written inquiries to:

Health Policy and Services Division
1400 Broadway
Helena, MT 59601

## ACS EDI Gateway

For questions regarding electronic claims submissions:

**(800) 987-6719** Phone
**(850) 385-1705** Fax

ACS EDI Gateway Services
2324 Killearn Center Blvd.
Tallahassee, FL 32309

## Administrative Reviews and Fair Hearings

To request an administrative review, address or direct the request to the division that issued the contested determination, and deliver or mail to:

DPHHS
111 N. Sanders
P.O. Box 4210
Helena, MT 59604-4210

To request a fair hearing, deliver or mail the request to the following address. A copy of the hearing request must also be delivered to the division that issued the contested determination.

DPHHS
Quality Assurance Division
Office of Fair Hearings
P.O. Box 202953
Helena, MT 59620-2953

## Health Insurance Premium Payment Coverage

To apply for this program contact:

**(800) 694-3084** In state
**(406) 444-9440** Out of state and Helena

Send written inquiries to:

Health Insurance Payment Program
P.O. Box 202953
Helena, MT 59620-2953

## Surveillance/Utilization Review

To report suspected fraud and abuse by providers:

**(406) 444-4586**
**(800) 376-1115**

To report suspected fraud and abuse by clients:

**(406) 444-4167**

Send written inquiries to:

Fraud and Abuse
Surveillance/Utilization Review
2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620-2953

## Team Care Program Officer

For questions regarding the Team Care Program:

**(406) 444-4540** Phone
**(406) 444-1861** Fax

Team Care Program Officer
DPHHS
Managed Care Bureau
P.O. Box 202951
Helena, MT 59620-2951

## Nurse First

For questions regarding Nurse First Disease Management or the Nurse Advice Line, contact:

**(406) 444-4540** Phone
**(406) 444-1861** Fax

Nurse First Program Officer
DPHHS
Managed Care Bureau
P.O. Box 202951
Helena, MT 59620-2951

Montana Department of Public Health and Human Services

## Key Web Sites

| Web Address | Information Available |
|---|---|
| **Virtual Human Services Pavilion (VHSP)**<br>vhsp.dphhs.state.mt.us | **Select *Human Services* for the following information:**<br>• **Medicaid:** Medicaid Eligibility & Payment System (MEPS). Eligibility and claims history information and a link to the Provider Information Website.<br>• **Senior and Long Term Care:** Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning.<br>• **DPHHS:** Latest news and events, DPHHS information, services available, and legal information. |
| **Provider Information Website**<br>www.mtmedicaid.org<br>or<br>www.dphhs.state.mt.us/hpsd/medicaid/medicaid2/index.htm | • Medicaid news<br>• Provider manuals<br>• Notices and manual replacement pages<br>• Fee schedules<br>• Remittance advice notices<br>• Medicaid Forms<br>• PASSPORT To Health information<br>• Team Care Information<br>• Provider enrollment<br>• Frequently asked questions (FAQs)<br>• Upcoming events<br>• HIPAA Update<br>• Newsletters<br>• Key contacts<br>• Links to other websites and more |
| **CHIP Website**<br>www.chip.state.mt.us | • Information on the Children's Health Insurance Plan (CHIP) |
| **ACS EDI Gateway**<br>www.acs-gcro.com/Medicaid_Account/Montana/montana.htm | ACS EDI Gateway is Montana's HIPAA clearinghouse. Visit this website for more information on:<br>• Provider Services<br>• EDI Support<br>• Enrollment<br>• Manuals<br>• Software<br>• Companion Guides<br>• FAQs<br>• Related Links |
| **Medicaid Mental Health and Mental Health Services Plan**<br>www.dphhs.state.mt.us/about_us/divisions/addictive_mental_disorders/services/public_mental_health_services.htm | Mental Health Services information for Medicaid and MHSP |

Montana Department of Public Health and Human Services

# Program Policy Information

**Hours are 8:00 a.m. to 5:00 p.m. Monday - Friday**

| Contact | Information Available | Special Instructions |
|---|---|---|
| Department of Public Health and Human Services<br>Child and Adult Health Resources Division<br>P.O. Box 202951<br>1400 Broadway<br>Helena, MT 59620-2951<br>(406) 444-4540<br><br>(Includes Children's Mental Health Services) | • Answers to policy questions<br>• Timely filing appeals | • For claims information contact Provider Relations at (800) 624-3958 or (406) 442-1837.<br>• For enrollment questions or changes contact Provider Relations at (800) 624-3958 or (406) 442-1837.<br>• For client eligibility see the *Verifying Client Eligibility* table in the *Client Eligibility and Responsibilities* chapter.<br>• For general Medicaid inquiries by clients, call the Montana Medicaid Help Line at (800) 362-8312.<br>• For PASSPORT questions by providers call the Provider Help Line at (800) 624-3958 or (406) 442-1837 outside Montana. |
| Mental Health Services Bureau<br>Addictive and Mental Disorders Division<br>555 Fuller Avenue<br>P.O. Box 202905<br>Helena, MT 59620-2905<br>(406) 444-3964 | Answers to mental health services policy questions | • For claims information contact Provider Relations at (800) 624-3958 or (406) 442-1837.<br>• For enrollment questions or changes contact Provider Relations at (800) 624-3958 or (406) 442-1837.<br>• For client eligibility see the *Verifying Client Eligibility* table in the *Client Eligibility and Responsibilities* chapter. |
| Chemical Dependency Bureau<br>Addictive and Mental Disorders Division<br>555 Fuller Avenue<br>P.O. Box 202905<br>Helena, MT 59629-2905<br>(406) 444-3964 | Answers to chemical dependency services policy questions | • For Medicaid claims questions call (800) 624-3958 or (406) 442-1837.<br>• For information on the Medicaid Chemical Dependency Program, call (406) 444-3964<br>• For Chemical Dependency Bureau - State Paid Substance Dependency/Abuse program information, provider enrollment, or prior-authorization and continued stay authorization, call (406) 444-3964.<br>• For client eligibility see the *Verifying Client Eligibility* table in the *Client Eligibility and Responsibilities* chapter. |
| Senior and Long Term Care Division<br>111 Sanders, Room 210<br>P.O. Box 4210<br>Helena, MT 59604<br>(406) 444-4077 | Answers to policy questions regarding:<br>• Aging issues<br>• Home and community based services<br>• Nursing facility services | • For claims information contact Provider Relations at (800) 624-3958 or (406) 442-1837.<br>• For enrollment questions or changes contact Provider Relations at (800) 624-3958 or (406) 442-1837.<br>• For client eligibility see the *Verifying Client Eligibility* table in the *Client Eligibility and Responsibilities* chapter. |
| Children's Health Insurance Plan (CHIP)<br>Department of Public Health and Human Services<br>P.O. Box 202951<br>Helena, MT 59620-2951<br>(877) 543-7669 | • Answers to policy questions<br>• Answers to enrollment questions<br>• Waiting list inquiries | • For information about becoming a Blue CHIP medical provider, contact BlueCross BlueShield at (406) 447-8787.<br>• For medical claims information contact BlueCross BlueShield at (800) 447-7828 x8647<br>• For dental provider enrollment questions or changes contact Provider Relations at (800) 624-3958 or (406) 442-1837.<br>• For dental and eyeglass claims information contact Provider Relations at (800) 624-3958 or (406) 442-1837. |
| Human & Community Services Division<br>1400 Broadway<br>P.O. Box 202952<br>Helena, MT 59620-2952<br>(406) 444-1788 | • Answers to Medicaid eligibility policy questions by providers or clients | • For information on covered services, see Appendix A, *Covered Services*, or refer to the specific provider manual. |

## Internet Information

A wealth of information is available on the internet through the Provider Information website

http://www.mtmedicaid.org

Providers can stay informed with the latest Medicaid news and upcoming events, download provider manuals, notices, manual replacement pages, fee schedules, newsletters, and forms. Many other items are available on the website such as Medicaid and PASSPORT enrollment forms, Medicaid definitions and acronyms, RA notices, frequently asked questions (FAQs), statistics, links to related websites, and much more. This website is updated almost daily, so visit us often!

## Contract Services

Medicaid works with various contractors who represent Medicaid through the services they provide. Although it is not necessary for providers to know contractor duties, the following information on some major contractors is provided for your information.

| Contractor | Service |
|---|---|
| ACS | • Processes Medicaid claims, MHSP claims, and CHIP dental and eyeglass claims<br>• Enrolls providers in both Medicaid and PASSPORT To Health<br>• Answers provider inquiries |
| Northrop Grumman | • Maintains The Economic Assistance Management System (TEAMS), the client eligibility system used by the local offices of public assistance.<br>• Maintains the Medicaid Eligibility and Payment System (MEPS). |
| MAXIMUS | • Enrolls clients in the PASSPORT To Health managed care program.<br>• Answers general Medicaid questions for clients. |
| First Health | • Provides prior authorization, utilization review, and continued stay review for some mental health services |
| Mountain-Pacific Quality Health Foundation | • Provides prior authorization for many Medicaid services. |

## Other Programs

In addition to Medicaid, the Department of Public Health and Human Services (DPHHS or the Department) sponsors the following programs for Montana residents:

The following list shows some of the information returned to the provider in response to an eligibility inquiry:

- ***Client's Medicaid ID number***. This is the ID number used when billing Medicaid, and may be the client's social security number.
- ***Eligibility status***. Medicaid eligibility status for the requested date(s):
  - ***Full Medicaid***. When a client's eligibility denotes "Full" coverage, the client is eligible for all Medicaid covered services.
  - ***Basic Medicaid***. When eligibility denotes "Basic", the client is only eligible for some Medicaid services. For information on full and basic coverage, see *Appendix A: Medicaid Covered Services*.
  - ***QMB***. QMB means the client is a Qualified Medicare Beneficiary (see *When Clients Also Have Other Insurance*, within this chapter).
  - ***Team Care***. When eligibility denotes a "TC" indicatoror states "Team Care: Yes", the client is enrolled in the Team Care program. All services must be provided or approved by the designated PASSPORT provider.
- ***Designated provider***. The client's primary care provider's name and phone number are shown for clients who are enrolled in PASSPORT To Health or Team Care. In either case, all services must be provided or approved by the designated provider (see the *PASSPORT and Prior Authorization* chapter in this manual).
- ***TPL***. If the client has other insurance coverage (TPL), the name of the other insurance carrier is shown.
- ***Medicare ID number***. A Medicare ID number for clients who are eligible for both Medicaid and Medicare.

### *Client without card*

Since eligibility information is not on the card, it is necessary for providers to verify eligibility before providing services (see *Verifying Client Eligibility* in this chapter), whether or not the clients presents a card. Confirm eligibility using one of the methods shown in the *Verifying Client Eligibility* table in this chapter. If eligibility is not available, the provider may contact the client's local office of public assistance (see *Appendix B*: *Local Offices of Public Assistance*).

### *Newborns*

Care rendered to newborns can be billed under the newborn's original Medicaid ID number (assigned by the mother's local office of public assistance) until a permanent ID number (social security number) becomes available. The hospital or the parents may apply for the child's social security number. Parents are responsible for notifying their local office of public assistance when they have received the child's new social security number.

## Inmates in Public Institutions (ARM 37.82.1321)

Medicaid does not cover clients who are inmates in a public institution.

## Presumptive Eligibility for Pregnant Women

To encourage prenatal care, uninsured pregnant women may receive "presumptive eligibility" for Medicaid. If the client presents a *Presumptive Eligibility Notice of Decision*, call (800) 932-4453 to confirm presumptive eligibility. See *Appendix C: Forms* for a sample *Presumptive Eligibility Notice of Decision* (DPHHS HCS-428). Presumptive eligibility may be for only part of a month and does not cover inpatient hospital services, but does include all other applicable Medicaid services listed on the *Covered Services* table in *Appendix A*.

Designated providers determine presumptive eligibility and give the client a *Presumptive Eligibility Notice of Decision*. To be a designated provider, the provider must complete an application and provide one of the following services: outpatient hospital, rural health clinic, or clinic services under physician direction. To become a provider who determines presumptive eligibility, call (406) 444-4540.

## Retroactive Eligibility

When a client is determined retroactively eligible for Medicaid, the client should give the provider a notice of retroactive eligibility (HCS-455). The provider has 12 months from the date retroactive eligibility was determined to bill for those services. When a client becomes retroactively eligible for Medicaid, the provider may:

- Accept the client as a Medicaid client from the current date.
- Accept the client as a Medicaid client from the date retroactive eligibility was effective.
- Require the client to continue as a private-pay client.

Institutional providers (nursing facilities, skilled care nursing facilities, intermediate care facilities for the mentally retarded, institutions for mental disease, inpatient psychiatric hospitals, and residential treatment facilities) must accept retroactively eligible clients from the date eligibility was effective.

Non-emergency transportation and eyeglass providers cannot accept retroactive eligibility.

For more information on billing Medicaid for retroactive eligibility services, see the *Billing Procedures* chapter in the Medicaid billing manual for your provider type.

Montana Department of Public Health and Human Services

## Coverage for the Medically Needy

This coverage is for clients who have an income level that is higher than Medicaid program standards. However, when a client has high medical expenses relative to income, he or she can become eligible for Medicaid by "spending down" income to specified levels on a monthly basis. When the client chooses a "spend down" option, he or she is responsible to pay for services received before eligibility begins, and Medicaid pays for remaining covered services.

Because eligibility does not cover an entire month, the client's eligibility information may show eligibility for only part of the month, or the provider may receive a *Medicaid Incurment Notice*. The incurment notice, sent by the local office of public assistance, states the date eligibility began and the portion of the bill the client must pay. (See *Appendix C: Forms* for a sample *Medicaid Incurment Notice*.) If the provider has not received an incurment notice, he or she should verify eligibility for the date of service by any method described in this chapter or by contacting the client's local office of public assistance. Since this eligibility may be determined retroactively, the provider may receive the *Incurment Notice* weeks or months after services have been provided.

Clients also have a "cash option" where they can pay a monthly premium to Medicaid, instead of making payments to providers, and have Medicaid coverage for the entire month. This method results in quicker payment, simplifies the eligibility process, and eliminates incurment notices. Providers may encourage but not require clients to use the cash option.

Providers should verify if medically needy clients are covered by Medicaid on the date of service to determine whether to bill the client or Medicaid.

## Nurse First

Nurse First Programs provide disease management and nurse triage services for Medicaid clients throughout the state.

***Nurse First Advice Line.*** The Nurse First advice line is a toll free, confidential phone line staffed by licensed-registered nurses available 24/7. Clients are encouraged to call the nurse line any time they are sick, hurt, or have a health concern. The nurses triage callers' symptoms using clinically based algorithms, then direct them to seek the appropriate level of services at the appropriate time. The nurses do not diagnose nor provide treatment. Most Medicaid clients are eligible to use the Nurse First Line, except clients in a nursing home/institution or clients with both Medicare Part A and B and Medicaid coverage. The program is voluntary through participation is strongly encouraged.

***Nurse First Disease Management.*** Disease management services are available to selected Medicaid clients. The services promote adherence to providers' treatment plans and improve healthier living behaviors by providing individualized counseling and education through face-to-face and telephonic interaction with specially trained registered nurses. Medicaid clients identified with one of the following

conditions are eligible for participation: asthma, diabetes, heart failure, cancer and chronic pain. All clients meeting the eligibility requirements will automatically be enrolled in the program. Clients who do not wish to participate may "opt-out" or disenroll at any time. Program participation is strongly encouraged.

## Montana Breast and Cervical Cancer Treatment Program

This program provides Basic Medicaid coverage for women who have been screened through the Montana Breast and Cervical Health Program (MBCHP) and diagnosed with breast and/or cervical cancer or a pre-cancerous condition. Clients enrolled in this program have "Basic" coverage (see Full and Basic Coverage earlier in this chapter). All other policies and procedures in this chapter apply. For information regarding screening through the MBCHP program, call (888) 803-9343.

## When Clients Also Have Other Coverage

### *Clients with Medicare*

Some Medicaid clients also are covered by Medicare, the federal program for people age 65 and over and for people with disabilities. These clients are often referred to as "dual eligibles." Medicare Part A covers inpatient hospital care, skilled nursing care facility and other services; Medicare Part B covers outpatient hospital care, physician care and other services. Most Medicare clients receive both Part A and Part B benefits. A few Medicare clients are eligible for one part only, so whether they are "dually eligible" depends on the service provided.

Medicare is the primary insurer for all dual eligibles. Medicaid may pay some or all of the client's Medicare premium, deductible and coinsurance costs, depending on the type of dual eligibility as follows. The following clients receive *Montana Access To Health* cards, so providers must check eligibility to determine the type of coverage the client has.

- **Qualified Medicare Beneficiaries (QMB)**
  For QMBs, Medicaid pays their Medicare premiums and some or all of their Medicare coinsurance and deductibles. See the *How Payment Is Calculated* in the Medicaid billing manual for your provider type to learn how these Medicaid payments are calculated. QMB clients may or may not also be eligible for Medicaid benefits.

  **QMB Only**. Medicaid will make payments only toward Medicare coinsurance and deductibles.

Montana Department of Public Health and Human Services

**QMB/Medicaid**. The list of covered services is the same as for other Medicaid clients. If a service is covered by Medicare but not by Medicaid, Medicaid will pay all or part of the Medicare deductible and coinsurance. If a service is covered by Medicaid but not by Medicare, then Medicaid will be the primary payer for that service.

- **Other Dual Eligibles**
  Coverage is the same as for QMB/Medicaid clients except that Medicaid does not pay the Medicare premiums.
- **Specified Low-Income Medicare Beneficiaries (SLMB)**
  For these clients, Medicaid pays the Medicare premium only. They do not receive Medicaid cards, are not eligible for other Medicaid benefits, and must pay their own Medicare coinsurance and deductibles.

**Medicaid Benefits for Dually Eligible Clients**

| Type of Dual Eligible | Medicare Premium Paid By | Medicare Coinsurance & Deductible Paid By |
|---|---|---|
| QMB only | Medicaid | Medicaid* |
| QMB/Medicaid | Medicaid | Medicaid* |
| Other dual eligibles | Client | Medicaid* |
| Specified Low-Income Medicare Beneficiary | Medicaid | Client |

* See the *How Payment Is Calculated* chapter in the specific provider manual to learn how Medicaid calculates payment for Medicare coinsurance and deductibles.

When clients have Medicare or other insurance, see *Coordination of Benefits* before billing Medicaid.

### *Clients with other sources of coverage*

Medicaid clients may also have coverage through workers' compensation, employment-based coverage, individually purchased coverage, etc. Other parties also may be responsible for health care costs. Examples of these situations include communal living arrangements, child support, or auto accident insurance. These other sources of coverage have no effect on what services Medicaid covers. However, other coverage does affect the payment procedures; see *How Payment Is Calculated* in the Medicaid billing manual for your provider type.

### *The Health Insurance Premium Payment Program*

Some Medicaid clients have access to private insurance coverage, typically through a job, but don't enroll because they cannot afford the premiums. In these cases, Medicaid **may** pay the premiums, at which time the private insurance plan becomes the primary insurer. The client also remains eligible for Medicaid. When Medicaid clients have access to private insurance coverage, they may apply for the Health Insurance Premium Payment Program. See *Key Contacts*.

### *Indian Health Service*

The Indian Health Service (IHS) provides federal health services to American Indians and Alaska Natives. IHS is a secondary payer to Medicaid. For more information, see the table of *Subsidized Health Insurance Programs in Montana* at the end of this chapter.

### *Crime victims*

The Crime Victims' Compensation Program is designed to help victims of crime heal. This program may provide funding for medical expenses, mental health counseling, lost wages support, funerals, and attorney fees. Crime Victim Compensation is a secondary payer to Medicaid. For more information see table of *Subsidized Health Insurance Programs in Montana* at the end of this chapter.

## When Clients are Uninsured

Several state and federal programs are available to help the uninsured; see *Subsidized Health Insurance Programs in Montana* at the end of this chapter.

## Client Responsibilities

Medicaid clients are required to:

- Notify providers that they have Medicaid coverage.
- Present a valid Montana Access To Health card at each visit.
- Pay Medicaid cost sharing amounts; see *Billing Procedures* chapter in provider-specific manual.
- Notify providers of any other coverage, such as Medicare or private insurance.
- Notify providers of any change in coverage.
- Forward any money received from other insurance payers to the provider.
- Inform their local office of public assistance about any changes in address, income, etc.

Medicaid clients may see any Medicaid-enrolled provider as long as PASSPORT To Health and prior authorization guidelines are followed, and as long as they are not enrolled in Team Care.

## Other Programs

Here is how client eligibility provisions apply in Department of Public Health and Human Services programs other than Medicaid.

### *Mental Health Services Plan (MHSP)*

MHSP clients will present a hard white plastic card. Their MHSP card makes them eligible only for those services covered by MHSP, which are described in the *Mental Health Services* and *Prescription Drug Program* manuals. Medicaid clients do not need an MHSP card to receive mental health services.

### *Children's Health Insurance Plan (CHIP)*

Few children are eligible for both Medicaid and CHIP simultaneously. If a patient presents both cards, check the dates of Medicaid eligibility and the child's CHIP enrollment. If both cards are valid, treat the patient as a CHIP patient. Services not covered by CHIP may be covered by Medicaid.

If a client presents a CHIP card for dental services, then see the CHIP Dental Services manual for information about coverage and billing. If a client presents a CHIP card for eyeglasses, the card is valid only with the CHIP program's designated supplier (see the *CHIP* section of the *Optometric and Eyeglass Services* manual). If a client presents a CHIP card for any other service, see the CHIP provider manual published by BlueCross BlueShield of Montana. Call (406) 447-8647 in Helena or (800) 447-7828 x8647 statewide for more information.

### *Chemical Dependency Bureau State Paid Substance Dependency/Abuse Treatment Program (CDB-SPSDATP)*

Clients in this program are not issued a Montana Access To Health card. Clients should apply for services directly from the state approved programs. For a list of these programs call (406) 444-9408. Services require prior authorization and authorization for continued stay review.

Montana Department of Public Health and Human Services

## Subsidized Health Insurance Programs in Montana
### (Providers May Refer Clients to the Following Programs)

| Program | Administered By | Target Populations | For More Information on Eligibility |
|---|---|---|---|
| Medicaid | Montana Dept. of Public Health and Human Services | Low-income children and their family members, and disabled individuals. | Local Office of Public Assistance |
| Children's Health Insurance Plan (CHIP) | Montana Dept. of Public Health and Human Services | Low-income, uninsured children who are ineligible for Medicaid. | 1-877-KIDS-NOW (1-877-543-7669) www.chip.state.mt.us |
| Caring Program for Children | BlueCross BlueShield of Montana | Low-income children who are ineligible for Medicaid. | (800) 447-7828 X3612 |
| Montana Youth Care | BlueCross BlueShield of Montana | Low-income children who are ineligible for CHIP, Caring Program, and Medicaid. | (800) 447-7828 X8295 |
| Montana Comprehensive Health Association | BlueCross BlueShield of Montana | People who have trouble buying health insurance because of their health condition. | (800) 447-7828 X8537 |
| Children's Special Health Services | Montana Dept. of Public Health and Human Services | Children with special health care needs. | (800) 762-9891 or (406) 444-3622 |
| Mental Health Services Plan | Montana Dept. of Public Health and Human Services | Individuals with a qualifying mental health diagnosis who are ineligible for Medicaid. | Community Mental Health Center |
| Medicare | Centers for Medicare and Medicaid Services (formerly U.S. Health Care Financing Administration) | People who are age 65 and over, have a disability, or have end-stage renal disease. | U.S. Social Security Administration office or www.medicare.gov |
| Indian Health Service | Billings Area Indian Health Services | All enrolled members of federally recognized tribes. | (406) 247-7107 or www.ihs.gov |
| Crime Victims' Compensation Program | Montana Dept. of Justice | Crime victims and their dependents and relatives. | (406) 444-3653 www.usdoj.gov/crimevictims.htm |
| Workers' Compensation | State Fund and independent workers' compensation insurers | People with injuries or illnesses related to their work. | Workers may call (406) 444-6543 |

Note: Eligibility rules are complex; clients and providers should check with the program administrator for specifics.

Montana Department of Public Health and Human Services

MONTANA
Department of Public Health & Human Services

# PASSPORT and Prior Authorization

## What Is PASSPORT To Health, Team Care, and Prior Authorization? (ARM 37.85.205 and 37.86.5101 - 5120)

PASSPORT To Health, Team Care, Nurse First and Prior Authorization are examples of the Department's efforts to ensure the appropriate use of Medicaid services. Each of these programs has specific requirements.

Medicaid does not pay for services when prior authorization, PASSPORT, or Team Care requirements are not met.

### *PASSPORT To Health*

PASSPORT To Health Managed Care Program is Montana Medicaid's Primary Care Case Management (PCCM) Program. Under PASSPORT, Medicaid clients choose one primary care provider and develop an ongoing relationship that provides a "medical home." With some exceptions, all services to PASSPORT clients must be provided or approved by the PASSPORT provider.

The PASSPORT mission is to manage the delivery of health care to Montana Medicaid clients in order to improve or maintain access and quality while minimizing use of health care resources. Approximately 68% of the Medicaid population is enrolled in PASSPORT. Most Montana Medicaid clients must participate in PASSPORT. The PASSPORT Program saves the Medicaid Program approximately $20 million each year. These savings allow improved benefits and/or reimbursement elsewhere in the Medicaid Program.

### *Team Care*

Team care is a utilization control and management program designed to educate clients on how to effectively use the Medicaid system. Team Care clients are managed by a "team" consisting of a PASSPORT primary care provider (PCP), one pharmacy, Nurse First, and Montana Medicaid. This group works together to help clients decide how, when and where to access services. Clients with a history of using services at an amount or frequency that is not medically necessary are enrolled in Team Care. These clients must enroll in PASSPORT, select a PASSPORT PCP and single pharmacy, and call the Nurse First Advice Line prior to accessing Medicaid health services (except for emergency services). These clients receive extensive outreach and education from Nurse First nurses and are instructed on the proper use of the Montana Medicaid healthcare system.

Montana Department of Public Health and Human Services

Clients are identified for the Team Care Program by claims data analysis, recommendation from the Drug Utilization Review Board or by provider referral. Providers who want to recommend a client to the Team Care program should submit a completed *Team Care Provider Referral Fax Form* available on the Provider Information website or contact the Team Care program officer (see *Key Contacts*).

Team Care is a component of the PASSPORT To Health program, and all PASSPORT rules and guidelines apply to Team Care clients. For more information on the Team Care Program, visit the *Team Care* page on the Provider Information website (see *Key Contacts*) or see the Medicaid manual for your provider type. For more information on the Nurse First Program, see *Nurse First* in the *Client Eligibility and Responsibilities* chapter of this manual.

### *Prior authorization*

Prior authorization (PA) refers to a list of services that require Department authorization before they are performed. Some services may require both PASSPORT approval and prior authorization. If a service requires prior authorization, the requirement exists for all Medicaid clients. Prior authorization is usually obtained through the Department or a prior authorization contractor. If both PASSPORT approval and prior authorization are required for a service, then both numbers must be recorded in different fields on the Medicaid claim form (see the *Completing a Claim* chapter in the Medicaid billing manual for your provider type). Most Montana Medicaid fee schedules indicate when PA is required for a service. For more information on prior authorization, see the *PASSPORT and Prior Authorization* chapter in the Medicaid billing manual for your provider type.

When both PASSPORT approval and prior authorization are required, they must be recorded in different fields on the claim form.

In practice, providers will most often encounter clients who are enrolled in PASSPORT. Whether the client is enrolled in PASSPORT or Team Care, the eligibility information denotes the client's primary care provider. Services are only covered when they are provided or approved by the designated PASSPORT provider or Team Care pharmacy shown in the eligibility information. Specific services may require both prior authorization and PASSPORT provider approval. To be covered by Medicaid, all services must also be provided in accordance with the requirements listed in the *Provider Requirements* chapter of this manual and in the Medicaid billing manual for your provider type.

## Verifying PASSPORT Enrollment

Client eligibility verification will denote whether the client is enrolled in PASSPORT. The client's PASSPORT provider and phone number are also available, and the client may have Full or Basic coverage. Instructions for checking client eligibility are in the *Client Eligibility and Responsibilities* chapter of this manual.

## PASSPORT and Emergency Services

PASSPORT provider approval is not required for emergency services. Emergency medical services are those services required to treat and stabilize an emergency medical condition. Non-emergencies in the ED will not be reimbursed, except for the screening and evaluation fee and any appropriate imaging and diagnostic services that are part of the screening. For more information, see *Emergency Services* on the Provider Information website or in the Medicaid billing manual for your provider type (see *Key Contacts*).

If inpatient hospitalization is recommended as post stabilization treatment, the hospital must get a referral from the client's PASSPORT provider. If the hospital attempts to contact the PASSPORT provider and does not receive a response within 60 minutes, authorization is assumed. To be paid for these services, send the program officer (see *Key Contacts*) documentation that clearly shows the time of the attempt to reach the PASSPORT provider and the time of the initiation of post stabilization treatment. There must be a 60 minute time lapse between these two events.

## PASSPORT Referral and Approval

If a Medicaid client is seeking a medically necessary service that the PASSPORT provider does not provide, and the service requires PASSPORT approval, then the PASSPORT provider refers the client to another provider. Referrals can be made to any other provider who accepts Montana Medicaid. Referrals from the PASSPORT provider may be verbal or in writing and must be documented by the PASSPORT provider. Referrals must also be accompanied by the primary care provider's PASSPORT number for use on the claim. See Appendix A for a Medicaid covered services and PASSPORT referral information. Providers should refer to their Medicaid billing manual for their provider type.

## PASSPORT and Indian Health Services

Clients who are eligible for both Indian Health Services (IHS) and Medicaid may choose a PASSPORT-enrolled IHS provider or another provider as their PASSPORT provider. Clients who are eligible for IHS do not need a referral from their PASSPORT provider to obtain services from IHS. However, if IHS refers the client to a non-IHS provider, the PASSPORT provider must approve the referral.

## Non-PASSPORT Provider and a PASSPORT Client

To be covered by Medicaid, all services must be provided in accordance with the requirements listed in the *Provider Requirements* chapter of this manual and in the *Covered Services* chapter of the Medicaid billing manual for your provider type. Prior authorization and Team Care requirements must also be followed.

- If a client is enrolled in PASSPORT, the services must be provided or approved by the client's PASSPORT provider. Some services do not

require PASSPORT approval (See *Appendix A Medicaid Covered Services*).

- The PASSPORT provider's approval may be verbal or written but should be documented and maintained in the client's file, and the claim form must contain the PASSPORT provider's PASSPORT number. The referral must be documented in the PCP's client file or telephone log. Documentation should not be submitted with the claim.
- The client's PASSPORT provider must be contacted for approval for each visit.
- Using another provider's PASSPORT number without approval is considered fraud.
- If a PASSPORT provider refers a client to you, do not refer that client to someone else without the PASSPORT provider's approval. This is considered piggy backing and Medicaid will not cover the service.
- A facility or non-PASSPORT provider is not authorized to pass on a PASSPORT approval number. This may be considered fraud.
- To verify client eligibility, see the *Client Eligibility* chapter in the *General Information For Providers* manual.

## How to Become a PASSPORT Provider

Any provider who has primary care within his or her scope of practice and is practicing primary care can be a PASSPORT provider. PASSPORT providers receive a monthly case management fee of $3.00 for each enrolled PASSPORT client. Providers who wish to become a PASSPORT provider must:

- Enroll in Medicaid. Medicaid enrollment forms are available on the *Provider Information* website, or providers may call Provider Relations (see *Key Contacts*).
- Enroll in PASSPORT. The PASSPORT agreement is available on the Provider Information website, or providers may call Provider Relations (see *Key Contacts*).

## PASSPORT Tips

- Verify the client's Medicaid eligibility by using one of the methods described in the *Client Eligibility and Responsibilities* chapter of this manual.
- Do not bill for case management fees; they are paid automatically to the provider each month.
- If you are not your client's PASSPORT provider, and the services require PASSPORT provider approval, contact the client's PASSPORT provider for approval. If the service is approved, include the PASSPORT approval number on the claim, or it will be denied.

Montana Department of Public Health and Human Services

- The same cost sharing, service limits, and provider payment rules apply to PASSPORT and non-PASSPORT clients and services.
- For claims questions, refer to the *Billing Procedures* chapter of the Medicaid billing manual for your provider type, or call Provider Relations (see *Key Contacts*).

## Getting Questions Answered

The *Key Contacts* section in the front of this manual provides important phone numbers and addresses. Providers may call Provider Relations for answers to questions about Medicaid or PASSPORT enrollment, claims, client eligibility, and more. Clients may call the Montana Medicaid Help Line for answers to most Medicaid and PASSPORT questions. Provider newsletters keep providers updated on Medicaid and PASSPORT changes and are available on the *Provider Information* web site (see *Key Contacts*).

Montana Department of Public Health and Human Services

# Appendix B: Local Offices of Public Assistance

| Local Offices of Public Assistance | | | |
|---|---|---|---|
| **County** | **Address** | **Phone Number** | **Fax Number** |
| 1. Beaverhead | 2 South Pacific #9<br>Dillon, MT 59725 | 683-3773 | 683-5080 |
| 2. Big Horn | 23 West 8th<br>P.O. Box 426<br>Hardin, MT 59034 | 665-8700 | 665-3675 |
| 3. Blaine | 100 Chippewa Street West<br>Harlem, MT 59526 | 353-4269<br>353-4271<br>353-4285 | 353-4286 |
| 4. Broadwater | 124 North Cedar<br>Townsend, MT 59644 | 266-3157 | 266-3158 |
| 5. Carbon | 206 North Broadway<br>P.O. Box 670<br>Red Lodge, MT 59068 | 446-1302 | 446-1680 |
| 6. Carter | 10 West Fallon Ave.<br>P.O. Box 750<br>Baker, MT 59313 | 775-8751 | |
| 7. Cascade | 201 1st Street S., Suite 1<br>P.O. Box 1546<br>Great Falls, MT 59401 | 454-5640 | 454-5697 |
| 8. Chouteau | 1020 13th Street<br>P.O. Box 459<br>Fort Benton, MT 59442 | 622-5432 or<br>622-5433 | 622-3848 |
| 9. Custer | 1010 Main Street<br>Courthouse Basement<br>Miles City, MT 59301 | 874-3334 | 233-3449 |
| 10. Daniels | 100 West Laurel Ave.<br>Plentywood, MT 59254 | 765-1370 | 765-1374 |
| 11. Dawson | 121 South Douglas<br>Glendive, MT 59330 | 377-4314<br>377-6505 | 377-5917 |
| 12. Deer Lodge | 307 East Park, Rm. 305<br>Anaconda, MT 59711 | 563-3448 | 563-7279 |

Montana Department of Public Health and Human Services

## Local Offices of Public Assistance (continued)

| County | Address | Phone Number | Fax Number |
|---|---|---|---|
| 13. Fallon | 10 West Fallon Ave.<br>P.O. Box 759<br>Baker, MT 59313 | 778-7120 | 778-2815 |
| 14. Fergus | 300 1st Ave. N., Suite 201<br>Lewistown, MT 59457 | 538-7468 | 538-8419 |
| 15. Flathead | 2282 Highway 93 South<br>P.O. Box 1096<br>Kalispell, MT 59903 | 751-5900<br>751-5921 | 751-5929 |
| 16. Gallatin | 237 West Main<br>Bozeman, MT 59715 | 582-3010 | 582-3114 |
| 17. Garfield | 217 W. Parks<br>P.O. Box 531<br>Terry, MT 59349 | 635-2133 | 635-4110 |
| 18. Glacier | **For Browning:**<br>101 East Main<br>P.O. Box 3025<br>Browning, MT 59417<br>**For Cutbank:**<br>505 East Main<br>Cutbank, MT 59427 | **Browning:**<br>338-5131<br>338-5162<br><br>**Cutbank:**<br>873-5860 | **Browning:**<br>338-7769<br><br>**Cutbank:**<br>873-5859 |
| 19. Golden Valley | 201 A Ave. NW<br>Harlowton, MT 59036 | (800) 811-8011 | 632-4880 |
| 20. Granite | 220 N. Sansomme<br>P.O. Box 370<br>Phillipsburg, MT 59858 | 859-0009 | 859-3817 |
| 21. Hill | Courthouse Annex<br>302 4th Ave.<br>Havre, MT 59501 | 265-4348 | 265-6919 |
| 22. Jefferson | P.O. Box 836<br>114 South Washington<br>Boulder, MT 59632 | 225-4045 | 225-4023 |
| 23. Judith Basin | 300 1st Ave. N., Suite 201<br>Lewistown, MT 59457 | 566-2499 | |
| 24. Lake | 826 Shoreline Dr.<br>Polson, MT 59860 | 883-7820 | 883-5320 |
| 25. Lewis & Clark | P.O. Box 202959<br>3075 North Montana Ave.<br>Helena, MT 59620-2959 | 444-1700 | 444-1751 |

### Emergency Medical Services
Emergency medical services are those services required to treat and stabilize an emergency medical condition.

### Experimental
A non-covered item or service that researchers are studying to investigate how it affects health.

### Fair Hearing
Providers may request a fair hearing when the provider believes the Department's administrative review determination fails to comply with applicable laws, regulations, rules or policies. Fair hearings include a hearings officer, attorneys, and witnesses for both parties.

### Fiscal Agent
ACS is the fiscal agent for the State of Montana and processes claims at the Department's direction and in accordance with ARM 37.86 et seq.

### Full Medicaid
Patients with Full Medicaid have a full scope of Medicaid benefits. See *Appendix A: Medicaid Covered Services*.

### Indian Health Services (IHS)
IHS provides federal health services to American Indians and Alaska Natives.

### Investigational
A non-covered item or service that researchers are studying to investigate how it affects health.

### Kiosk
A "room" or area in the Montana Virtual Human Services Pavilion (VHSP) web site that contains information on the topic specified.

### Medicaid
A program that provides health care coverage to specific populations, especially low-income families with children, pregnant women, disabled people and the elderly. Medicaid is administered by state governments under broad federal guidelines.

### Medicaid Eligibility and Payment System (MEPS)
A computer system by which providers may access a client's eligibility, demographic, and claim status history information via the internet.

### Medically Necessary
A term describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client. These conditions must be classified as one of the following: endanger life, cause suffering or pain, result in an illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There must be no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this definition, "course of treatment" may include mere observation or, when appropriate, no treatment at all.

### Medicare
The federal health insurance program for certain aged or disabled clients.

### Mental Health Services Plan (MHSP)
This plan is for individuals who have a serious emotional disturbance (SED) or a severe and disabling mental illness (SDMI), are ineligible for Medicaid, and have a family income that does not exceed an amount established by the Department.

Montana Department of Public Health and Human Services

### Montana Breast and Cervical Cancer Treatment Program
This program provides Basic Medicaid coverage for women who have been screened through the Montana Breast and Cervical Health Program (MBCHP) and diagnosed with breast and/or cervical cancer or a pre-cancerous condition.

### PASSPORT To Health
A Medicaid managed care program where the client selects a primary care provider who manages the client's health care needs.

### Prior Authorization (PA)
The approval process required before certain services or supplies are paid by Medicaid. Prior authorization must be obtained before providing the service or supply.

### Private-pay
When a client chooses to pay for medical services out of his or her own pocket.

### Protocols
Written plans developed by a public health clinic in collaboration with physician and nursing staff. Protocols specify nursing procedures to be followed in giving a specific exam, or providing care for particular conditions. Protocols must by updated and approved by a physician at least annually.

### Provider or Provider of Service
An institution, agency, or person:

- Having a signed agreement with the Department to furnish medical care and goods and/or services to clients; and
- Eligible to receive payment from the department.

### Qualified Medicare Beneficiary (QMB)
QMB clients are clients for whom Medicaid pays their Medicare premiums and some or all of their Medicare coinsurance and deductibles.

### Remittance Advice (RA)
The results of processed claims (including paid, denied, and pending claims) are listed on the RA.

### Retroactive Eligibility
When a client is determined to be eligible for Medicaid effective prior to the current date.

### Routine Podiatric Care
Routine podiatric care includes the cutting or removing of corns and calluses, the trimming of nails or the application of skin creams and other hygiencic, preventive maintenance care and debridement of nails.

### Sanction
The penalty for noncompliance with laws, rules, and policies regarding Medicaid. A sanction may include withholding payment from a provider or terminating Medicaid enrollment.

### Specified Low-Income Medicare Beneficiaries (SLMB)
For these clients, Medicaid pays the Medicare premium only. They are not eligible for other Medicaid benefits, and must pay their own Medicare coinsurance and deductibles.

### Spending Down
Clients with high medical expenses relative to their income can become eligible for Medicaid by "spending down" their income to specified levels. The client is responsible to pay for services received before eligibility begins, and Medicaid pays for remaining covered services.

### Team Care
A utilization control program designed to educate clients on how to effectively use the Medicaid system. Team Care clients are managed by a "team" consisting of a PASSPORT PCP, one pharmacy, the Nurse First Advice Line, and Montana Medicaid.

### Third Party Liability (TPL)
Any entity that is, or may be, liable to pay all or part of the medical cost of care for a Medicaid, MHSP or CHIP client.

### Timely Filing
Providers must submit clean claims (claims that can be processed without additional information or documentation from or action by the provider) to Medicaid within the latest of

- 12 months from whichever is later:
  - the date of service
  - the date retroactive eligibility or disability is determined
- 6 months from the date on the Medicare explanation of benefits approving the service
- 6 months from the date on an adjustment notice from a third party payor who has previously processed the claim for the same service, and the adjustment notice is dated after the periods described above.

### Usual and Customary
The fee that the provider most frequently charges the general public for a service or item.

### Virtual Human Services Pavilion (VHSP)
This internet site contains a wealth of information about Human Services, Justice, Commerce, Labor & Industry, Education, voter registration, the Governor's Office, and Montana. http://vhsp.dphhs.state.mt.us

Pregnant women ..... 3.4
Premium ..... 3.5
Premiums, paid by Medicaid ..... 3.7
Prenatal care ..... 3.4
Presumptive Eligibility ..... 3.3, 3.4, C.3
Presumptive Eligibility, how to verify ..... 3.2
Prior authorization (PA) ..... 2.6, 4.1, 5.2, D.4
Prior authorization and PASSPORT authorization may be required ..... 4.2
Private insurance coverage and Medicaid ..... 3.7
Private pay ..... 2.5, D.4
Program policy information ..... 1.5
Prosthetics ..... 5.4
Provider
- Information web site ..... ii.3
- number ..... 2.1
- or Provider of Service ..... D.4
- Relations Department ..... 3.2
- requirements ..... 2.4
- rights ..... 2.3
- training and workshops ..... 1.4

Public Assistance, local offices of ..... B.1

## Q

QMB ..... 3.3
QMB Only ..... 3.6
QMB/Medicaid ..... 3.6
Qualified Medicare Beneficiary (QMB) ..... 3.6, D.4
Questions answered ..... 1.4

## R

Record, Records
- keeping ..... 2.7
- make available ..... 2.6
- must be furnished upon request ..... 2.7
- providers maintain medical and financial ..... 2.7

Recover any overpayment ..... 5.1
Recovered funds ..... 5.2
Referral, Referrals
- and IHS ..... 4.3
- may be verbal or in writing ..... 4.3
- to other Medicaid providers ..... 4.3

Remittance advice (RA) ..... D.4
Replacement pages ..... 1.3

Montana Department of Public Health and Human Services

Requirements, provider ..... 2.4
Responsibilities, client ..... 3.7
Retroactive eligibility ..... 2.5, 3.4, D.4
Return Medicaid payment ..... 2.6
Rights, Provider ..... 2.3

## S

Sanctions ..... 2.8, D.4
Seminars ..... 1.4
Senior and Long Term Care Division ..... 1.5
Service, Services
- covered by Medicaid ..... A.1
- must be covered by Medicaid ..... 2.6
- must be medically necessary ..... 2.5
- non-covered ..... 2.3
- not cosmetic, experimental or investigational ..... 2.6
- part of medical record ..... 2.6
- performed by ..... 2.5
- providers may not deny ..... 2.7

Signature ..... 2.3
Special Health Services (SHS) ..... 1.7
Specified Low-Income Medicare Beneficiaries (SLMB) ..... 3.6, D.4
Spend down option ..... 3.5
Spending down (definition) ..... D.5
Subsidized Health Insurance Programs in Montana ..... 3.9
Surveillance/Utilization Review (SURS) ..... 5.1

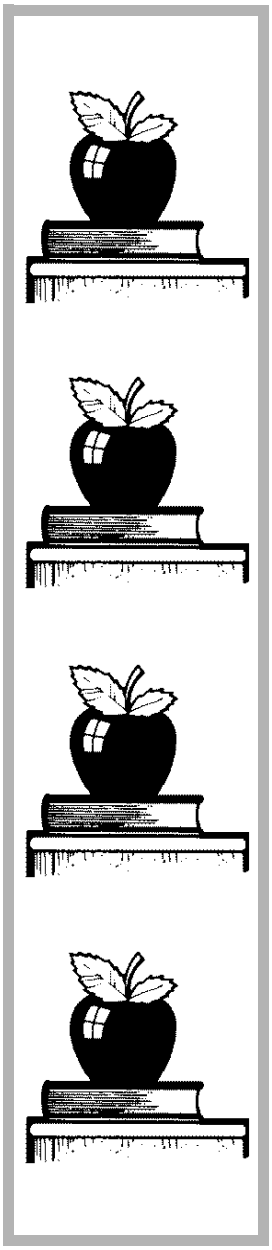
## T

Team Care ..... 3.3, 3.8, 4.1
Terminating Medicaid enrollment ..... 2.3, 5.2
Third Party Liability (TPL) definition ..... D.5
Third party payers billed correctly ..... 2.6
Timely filing ..... 2.6, D.5
TPL on ID card ..... 3.3
Training ..... 1.4

## U

UB-92 ..... 5.3
Uninsured clients ..... 3.7
Uninsured pregnant women ..... 3.4
United States code governing the Medicaid program ..... 2.8
Units, use correct ..... 5.3
Usual and customary ..... 2.6, D.5

Montana Department of Public Health and Human Services



# *General Information For Providers II*

## *Medicaid and Other Medical Assistance Programs*

*The topics covered in this manual will eventually be included in the Medicaid billing manual for your provider type.*

MONTANA
Department of Public Health & Human Services

**September, 2004**

*This publication supersedes previous general information provider handbooks. This publication is to be used with the General Information For Providers manual (dated February, 2002) and with the specific provider manual(s). General Information For Providers II was published by the Department of Public Health & Human Services February, 2002.*

*Updated September, 2002, October 2003, September 2004*

*CPT codes, descriptions and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.*

**This manual is for providers whose Medicaid billing manual for their provider type does not have chapters titled *Coordination of Benefits*, *Billing Procedures*, and *Remittance Advices and Adjustments*.**

# Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated "In state" will not work outside Montana.

## Provider Relations

Contact Provider Relations for questions about Medicaid, MHSP, and CHIP eyeglass and dental questions including payments, denials, eligibility, general claims questions, and PASSPORT or Medicaid questions or enrollment:

**(800) 624-3958** In state
**(406) 442-1837** Out of state and Helena
**(406) 442-4402** Fax

Send written inquiries to:

Provider Relations Unit
P.O. Box 4936
Helena, MT 59604

## Claims

Send paper claims to:

Claims Processing Unit
P. O. Box 8000
Helena, MT 59604

## Third Party Liability

For questions about private insurance, Medicare or other third-party liability:

**(800) 624-3958** In state
**(406) 442-1837** Out of state and Helena

Send written inquiries to:

ACS Third Party Liability Unit
P. O. Box 5838
Helena, MT 59604

## Client Eligibility

For client eligibility, see the *General Information For Providers* manual, *Client Eligibility and Responsibilities* chapter.

## Medicaid Client Help Line

Clients who have general Medicaid questions or PASSPORT questions may call the Montana Medicaid Help Line:

**(800) 362-8312**

Send written inquiries to:

PASSPORT To Health
P.O. Box 254
Helena, MT 59624-0254

## Provider's Policy Questions

For policy questions, contact the appropriate division of the Department of Public Health and Human Services; see the *General Information For Providers* manual, *Introduction*.

## ACS EDI Gateway

For questions regarding electronic claims submissions:

**(800) 987-6719** Phone
**(850) 385-1705** Fax

ACS EDI Gateway Services
2324 Killearn Center Blvd.
Tallahassee, FL 32309

## Technical Services Center

Providers who would like to receive their remittance advices electronically and electronic funds transfer should call the number below and ask for the Medicaid Direct Deposit Manager.

**(406) 444-9500**

## Team Care Program Officer

For questions regarding the Team Care Program:

**(406) 444-4540** Phone
**(406) 444-1861** Fax

Team Care Program Officer
DPHHS
Managed Care Bureau
P.O. Box 202951
Helena, MT 59620-2951

## Prior Authorization

The following are some of the Department's prior authorization contractors. Providers should refer to their specific provider manual for specific prior authorization instructions.

### *Surveillance/Utilization Review*

For prior authorization for cosmetic services and Durable Medical Equipment (DME), contact the SURS unit at:

**(406) 444-0190** Phone
**(406) 444-3993** Phone
**(406) 444-0778** Fax

Send written inquiries to:

2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620-2953

### *First Health*

For questions regarding prior authorization and continued stay review for selected mental health services.

First Health Services
4300 Cox Road
Glen Allne, VA 23060

**(800) 770-3084** Phone
**(800) 639-8982** Fax

### *Mountain Pacific Quality Health Foundation*

For questions regarding drug prior authorization:

**Phone:**
**(800) 395-7961** In state
**(406) 443-6002** Out of state and Helena

**Fax:**
**(800) 294-1350** In state
**(406) 443-7014** Out of state and Helena

Send written inquiries to:

Mountain-Pacific Quality
Health Foundation
3404 Cooney Drive
Helena, MT 59602

For questions regarding ambulance and commercial transportation prior authorization:

**Phone:**
**(406) 443-6100** Helena
**(800) 292-7114** In and out of state

**Fax:**
**(406) 443-0684** Helena
**(800) 291-7791** In and out of state

Send written inquiries to:

MPQHF
Medicaid Transportation Center
P.O. Box 6488
Helena, MT 59604-6488

For questions regarding prior authorization for out-of-state hospital services, emergency department reviews, transplant services, and private duty nursing services, call:

**Phone:**
**(800) 262-1545 X5850** In and out of state
**(406) 443-4020 X5850** Helena

**Fax:**
**(800) 497-8235** In and out of state
**(406) 443-4585** Out of state and Helena

Send written inquiries to:
Mountain-Pacific Quality
Health Foundation
3404 Cooney Drive
Helena, MT 59602

## Key Web Sites

| Web Address | Information Available |
|---|---|
| **Virtual Human Services Pavilion (VHSP)**<br><br>vhsp.dphhs.state.mt.us | **Select *Human Services* for the following information:**<br>• **Medicaid:** Medicaid Eligibility & Payment System (MEPS). Eligibility and claims history information and a link to the Provider Information Website.<br>• **Senior and Long Term Care:** Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning.<br>• **DPHHS:** Latest news and events, DPHHS information, services available, and legal information. |
| **Provider Information Website**<br>www.mtmedicaid.org<br>or<br>www.dphhs.state.mt.us/hpsd/medicaid/medicaid2/index.htm | • Medicaid news<br>• Provider manuals<br>• Notices and manual replacement pages<br>• Fee schedules<br>• Remittance advice notices<br>• PASSPORT To Health information<br>• Forms<br>• Provider enrollment<br>• Frequently asked questions (FAQs)<br>• Upcoming events<br>• HIPAA Update<br>• Newsletters<br>• Key contacts<br>• Links to other websites and more |
| **CHIP Website**<br><br>www.chip.state.mt.us | • Information on the Children's Health Insurance Plan (CHIP) |
| **ACS EDI Gateway**<br>www.acs-gcro.com/Medicaid_Account/Montana/montana.htm | ACS EDI Gateway is Montana's HIPAA clearinghouse. Visit this website for more information on:<br>• Provider Services<br>• EDI Support<br>• Enrollment<br>• Manuals<br>• Software<br>• Companion Guides<br>• FAQs<br>• Related Links (see link to Implementation Guides) |
| **Washington Publishing Company**<br>www.wpc-edi.com | • EDI implementation guides<br>• HIPAA implementation guides<br>• EDI education<br>• HIPAA tools |

Montana Department of Public Health and Human Services

### Newsletter
An informational letter sent to providers (such as the *Montana Medicaid Claim Jumper* or the *PASSPORT to Health Provider Newsletter*).

### PASSPORT Authorization Number
This number is either the PASSPORT provider's PASSPORT number or Medicaid provider ID. When a PASSPORT provider refers a client to another provider for services, this number is given to the other provider and is required when processing the claim.

### PASSPORT To Health
A Medicaid managed care program where the client selects a primary care provider who manages the client's health care needs.

### Pay and Chase
Medicaid pays a claim and then recovers payment from the third party carrier that is financially responsible for all or part of the claim.

### Pending Claim
These claims have been entered into the system, but have not reached final disposition. They require either additional review or are waiting for client eligibility information.

### Potential Third Party Liability
Any entity that may be liable to pay all or part of the medical cost of care for a Medicaid, MHSP or CHIP client.

### Prior Authorization (PA)
The approval process required before certain services or supplies are paid by Medicaid. Prior authorization must be obtained before providing the service or supply.

### Provider or Provider of Service
An institution, agency, or person:

- Having a signed agreement with the Department to furnish medical care and goods and/or services to clients; and
- Eligible to receive payment from the Department.

### Rebilling
When a provider submits a claim that was previously submitted for payment but was either returned or denied.

### Referral
When providers refer clients to other Medicaid providers for medically necessary services that they cannot provide.

### Remittance Advice (RA)
Provides details of all transactions that have occurred during the previous two weeks, includes paid, denied, and pending claims.

### Remittance Advice Notice
The first page of the remittance advice that contains important messages for providers.

### Retroactive Eligibility
When a client is determined to be eligible for Medicaid effective prior to the current date.

### Team Care
A utilization control program designed to educate clients on how to effectively use the Medicaid system. Team Care clients are managed by a "team" consisting of a PASSPORT PCP, one pharmacy, the Nurse First Advice Line, and Montana Medicaid.

### Third Party Liability (TPL)
Any entity that is liable to pay all or part of the medical cost of care for a Medicaid, MHSP or CHIP client.

### Usual and Customary
The fee that the provider most frequently charges the general public for a service or item.

### Virtual Human Services Pavilion (VHSP)
This internet site contains a wealth of information about Human Services, Justice, Commerce, Labor & Industry, Education, voter registration, the Governor's Office, and Montana. http://vhsp.dphhs.state.mt.us

## F

FA-455 Eligibility determination letter ..... 2.2
Fiscal Agent ..... B.3
Full Medicaid ..... B.3

## G

Gross adjustment ..... B.3

## H

HCPCS ..... 2.4, B.4
Health Insurance Portability and Accountability Act (HIPAA) ..... B.4
Health Policy and Services Division Web Page ..... ii.3

## I

ICD-9-CM ..... 2.4, B.4
Indian Health Services (IHS) ..... 1.3, B.4
Inpatient hospitalization ..... 2.2
Insurance, when clients have other ..... 1.1
Internal Control Number (ICN) ..... 3.4, 3.8, B.4

## K

Key web sites ..... ii.3

## M

MA-3 nursing home form ..... 2.9
MA-5 pharmacy claim form ..... 2.9
Mass adjustment ..... B.4
Medicaid ..... B.4
Medicaid ID Cards ..... 3.10
Medicaid payment and remittance advice ..... 3.9
Medical coding conventions ..... 2.4
Medically necessary ..... B.4
Medicare
  definition ..... B.4
  Part A ..... 1.2
  Part B ..... 1.2
Medicare, client has ..... 1.1
Mental Health Services Plan (MHSP) ..... 1.5, 2.13, B.4
MEPS ..... 3.1
Modifiers ..... 2.5
Montana Breast and Cervical Cancer Health Plan (MBCCH) ..... B.5
Montana Eligibility and Payment System (MEPS) ..... 3.1
Montana Medicaid Claim Inquiry form ..... 2.10

Montana Department of Public Health and Human Services

## N

Nursing home form ..... 2.9

## O

Other Insurance ..... 1.1, 2.2
Other Programs ..... 1.5, 2.13

## P

Paper claims ..... 2.8
PASSPORT authorization number ..... B.5
PASSPORT To Health ..... B.5
Pay and chase ..... 1.3, B.5
Payment by Medicaid, weekly or biweekly ..... 3.9
Pending claim ..... B.5
Pharmacy claim form ..... 2.9
Post stabilization treatment ..... 2.2
Potential liability ..... 1.4
Potential third party liability ..... B.5
Prior authorization (PA) ..... B.5
Private pay ..... B.5
Provider Information web site ..... ii.3
Provider or provider of service ..... B.5

## Q

Qualified Medicare Beneficiary (QMB) ..... B.5

## R

Recover payment from the third party payer ..... 1.3
Referral ..... B.5
Remittance advice (RA) ..... B.5
Requesting an exemption ..... 1.4
Response, none from third party ..... 1.5
Retroactive eligibility ..... B.5
Retroactively eligible clients, billing for ..... 2.2
Routine agreement ..... 2.4

## S

Services
- non-covered ..... 2.3
- that do not require co-pay ..... 2.8
- that may be billed to Medicaid first ..... 1.4
- when providers cannot deny ..... 2.7

Suggestions for coding ..... 2.4

Montana Department of Public Health and Human Services

## T

Team Care ..... B.5
Third party does not respond ..... 1.5
Third party liability (TPL) ..... B.5
Third party pays or denies a claim ..... 1.5
Timely filing ..... 2.1, B.5

## U

UB-92 ..... 2.9
Usual and customary ..... B.5

## V

Virtual Human Services Pavilion (VHSP) ..... ii.3, B.6

## W

Web sites ..... ii.3
WINASAP 2003 ..... 2.9

Montana Department of Public Health and Human Services